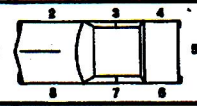
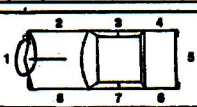
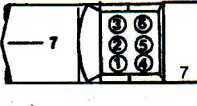



## OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 1-82)

LOCAL REPORT NO <b>2015-15438</b>		<input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3	<b>Lebanon Police</b>		<b>0830300</b>		ODHS USE ONLY - DO NOT MARK ABOVE													
REPORT TAKEN <input checked="" type="checkbox"/> AT STATION <input checked="" type="checkbox"/> AT SCENE	NO OF VEH PEDESTRIANS INVOLVED <b>2</b>		CRASH SEVERITY (CHECK MOST SEVERE) <input type="checkbox"/> FATAL <input type="checkbox"/> INJURY <input checked="" type="checkbox"/> PROPERTY DAMAGE ONLY			COMBINED VEH/PROP LOSS <input checked="" type="checkbox"/> OVER \$150 <input type="checkbox"/> UNDER \$150		HIT SKIP <input type="checkbox"/> SOLVED <input type="checkbox"/> UNSOLVED												
IN COUNTY OF WARREN			IN <input checked="" type="checkbox"/> CITY <b>LEBANON</b>			DATE OF CRASH: DAY <b>9</b> MONTH <b>11</b> YEAR <b>15</b>		TIME <b>1918</b>		MILITARY										
CRASH OCCURRED ON <b>Lebanon Library</b>						WITHIN THE INTERSECTION OF <b>101 S. Broadway</b>														
IF NOT IN INTERSECTION (LIST NEAREST INTERSECTING STREET, MILEPOST, HOUSE NO)						CITY CODE														
LOG-1		LOG-2		LOC JUR FH'9 FILT																
A	UNIT NO. <b>1</b>	NO OF OCCUPANTS <b>1</b>	OPERATING <input checked="" type="checkbox"/>	PARKED <input type="checkbox"/>	DRIVERLESS <input type="checkbox"/>	HIT & RUN <input type="checkbox"/>	NON-CONTACT <input type="checkbox"/>	INSURANCE CO OR AGENT <b>State Farm</b>												
DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI) <b>Vitali, Mia</b>						ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) <b>8442 Erickson Ct. Waynesville OH</b>														
PHONE NO. <b>513-855-4183</b>		BIRTH DATE <b>7/16/97</b>	AGE <b>18</b>	SEX <b>F</b>	SOCIAL SECURITY NO.		STATE <b>OH</b>	DRIVER'S LICENSE NO. <b>UD666053</b>		OCCUPATION										
OWNER (IF SAME AS DRIVER, WRITE SAME) <b>Valerie Davis</b>						ADDRESS <b>Same</b>						PHONE								
VEH YR <b>15</b>	MAKE <b>Ford</b>	MODEL <b>45</b>	COLOR <b>Black</b>	STYLE	STATE <b>OH</b>	LICENSE PLATE NO. <b>GDH6611</b>		TOWING SERVICE		VEH/PED DIR FROM TO										
CIRCLE DAMAGE AREAS 		9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER		DAMAGE SEVERITY <input type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		DAMAGE SCALE <input type="checkbox"/> NONE <input type="checkbox"/> MODERATE <input type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY		VEHICLE DISPOSITION <input checked="" type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED		FIRE <input checked="" type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE										
8	UNIT NO. <b>2</b>	NO OF OCCUPANTS <b>1</b>	OPERATING <input checked="" type="checkbox"/>	PARKED <input type="checkbox"/>	DRIVERLESS <input type="checkbox"/>	HIT & RUN <input type="checkbox"/>	NON-CONTACT <input type="checkbox"/>	INSURANCE CO OR AGENT <b>State Farm</b>												
DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI) <b>Garner, Mary</b>						ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) <b>309 Wood Forge Lebanon OH</b>														
PHONE NO. <b>937-545-1893</b>		BIRTH DATE <b>7/26/83</b>	AGE <b>32</b>	SEX <b>F</b>	SOCIAL SECURITY NO.		STATE <b>OH</b>	DRIVER'S LICENSE NO. <b>PZ 778726</b>		OCCUPATION										
OWNER (IF SAME AS DRIVER, WRITE SAME) <b>Samuel Garner</b>						ADDRESS <b>Same</b>						PHONE								
VEH YR <b>12</b>	MAKE <b>Ford</b>	MODEL <b>SW</b>	COLOR <b>Maroon</b>	STYLE	STATE <b>OH</b>	LICENSE PLATE NO. <b>4UCOWBY</b>		TOWING SERVICE		VEH/PED DIR FROM TO										
CIRCLE DAMAGE AREAS 		9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER		DAMAGE SEVERITY <input checked="" type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		DAMAGE SCALE <input type="checkbox"/> NONE <input type="checkbox"/> MODERATE <input checked="" type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY		VEHICLE DISPOSITION <input checked="" type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED		FIRE <input checked="" type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE										
C FROM UNIT NO.		NAME (LAST, FIRST, MI)			BIRTHDATE		AGE	POSITION				INJURIES								
		ADDRESS			PHONE		SEX	A	B	C	D	E	F	A	B	C	D	E	F	
D FROM UNIT NO.		NAME (LAST, FIRST, MI)			BIRTHDATE		AGE	 <b>P-PEDESTRIAN</b>				1 FATAL 2 SERIOUS VISIBLE 3 MINOR VISIBLE 4 NO VISIBLE INJURY 5 NOT INJURED								
		ADDRESS			PHONE		SEX					CONDITION								
E FROM UNIT NO.		NAME (LAST, FIRST, MI)			BIRTHDATE		AGE					A				B	C	D	E	F
		ADDRESS			PHONE		SEX					1 APPARENTLY NORMAL 2 SICK 3 FATIGUED 4 APPARENTLY ASLEEP 5 PHYSICAL DEFECT 6 OTHER CONDITION 7 UNKNOWN								
F FROM UNIT NO.		NAME (LAST, FIRST, MI)			BIRTHDATE		AGE	RESTRAINTS				ALCOHOL								
		ADDRESS			PHONE		SEX	A	B	C	D	E	F	A	B	C	D	E	F	
A B C		INJURED TAKEN TO			By		 <b>1 NOT USED 2 NONE AVAILABLE 3 LAP BELT USED 4 LAP/SHOULDER BELT USED 6 CHILD SAFETY SEAT 7 AIR BAG USED 8 USE NOT REPORTED</b>				1 YES <input type="checkbox"/> NO <input type="checkbox"/> 2 YES <input type="checkbox"/> NO <input type="checkbox"/> 3 YES <input type="checkbox"/> NO <input type="checkbox"/> 4 YES <input type="checkbox"/> NO <input type="checkbox"/>									
D E F		INJURED TAKEN TO			By						1 NO ALCOHOL DETECTED 2 HBD ABILITY IMPAIRED 3 HBD ABILITY NOT IMPAIRED 4 HBD ABILITY UNKNOWN									
A B C		OFFENSE CHARGED AND DESCRIPTION			By						1 NO ALCOHOL DETECTED 2 HBD ABILITY IMPAIRED 3 HBD ABILITY NOT IMPAIRED 4 HBD ABILITY UNKNOWN									
D E F		OFFENSE CHARGED AND DESCRIPTION			By						1 NO ALCOHOL DETECTED 2 HBD ABILITY IMPAIRED 3 HBD ABILITY NOT IMPAIRED 4 HBD ABILITY UNKNOWN									
A B C		OFFENSE CHARGED AND DESCRIPTION			By		EJECTION				DRUGS									
		OFFENSE CHARGED AND DESCRIPTION			By		A B C D E F				A TESTED YES <input type="checkbox"/> NO <input type="checkbox"/> B TESTED YES <input type="checkbox"/> NO <input type="checkbox"/> C TESTED YES <input type="checkbox"/> NO <input type="checkbox"/> D TESTED YES <input type="checkbox"/> NO <input type="checkbox"/> E TESTED YES <input type="checkbox"/> NO <input type="checkbox"/> F TESTED YES <input type="checkbox"/> NO <input type="checkbox"/>									
RECEIVED CALL <b>1918</b>		DISPATCHED <b>1922</b>	ARRIVED <b>1922</b>	CLEARED <b>1932</b>	OTHER TIME <b>10</b>	TOTAL MINUTES <b>00</b>		1 NOT EJECTED 2 PARTIAL 3 TOTAL 4 TRAPPED INSIDE VEHICLE				1 NO DRUGS DETECTED 2 USING PRESCRIBED DRUG 3 USING ILLICIT DRUG								
DATE REPORT FILED <b>9/1/15</b>		PHOTOS <b>NO</b>	OFFICER'S NAME <b>MORRIS</b>		BADGE NO. <b>131</b>	CHECKED BY														